12879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County Prince George

City or town Suitland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Dr. Van Nattas Office

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Ritchie Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank J. Bauman Jr.

3. (b) Social Security Number 579-14-7247

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28 - 1918.

8. AGE: Years 22 Months 3 Days 9 If less than one day hrs. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation Apprentice, Mechanical

11. Industry or business Trade, Washington Navy Yard.

FATHER
12. Name Frank J. Baumann
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden name Julia Mary Kachele
15. Birthplace Philadelphia, Pa.

16. Informant Frank J. Baumann, (Father)
Address Ritchie, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-11-40. (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Washington, D.C.

18. Funeral director Ritchie Bros.
Address Upper Marlboro, Md.

19. 12/9/40 19 Thos D Guffetto
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Hemorrhage shock

Due to Rupture of right Cardiac auricle

Due to Fracture of sternum

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident Date of 12-7-40
Where did injury occur? District Height Pr. Geo. Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Marlboro Pike
Means of injury Concolided head on Injured at work? No

23. SIGNATURE James N Boyd M. D. or other
Address Forestville Md Date signed 12-7-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

12880

Reg. Diat. No. 233

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Prince George
City or town Croom
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George.
City or town Croom
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Louisa Slater Berry

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 23 - 1856.

8. AGE:

Years	Months	Days	If less than one day
84	1	24	hrs. ____ min.

9. Birthplace Nottingham, P. Geo. Co., Md.
(Town, county, and state)

10. Usual occupation At home

11. Industry or business Farming

FATHER
12. Name Edward Slater
13. Birthplace St. Mary's Co., Md.

MOTHER
14. Maiden name Mary A. Penn
15. Birthplace Charles Co., Md

16. Informant Miss Caroline C. Berry (Daughter)
Address Croom, Md.

17. Burial 12/23-40.
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory St. Thomas Episcopal
Location Croom, Md.

18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.

19. Dec 21 1940
(Date rec'd by registrar)
Jas B Naylor
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 1940 to Dec 20 1940 and that I last saw her alive on December 20 1940

Immediate cause of death	DURATION
Acute Dilatation of Heart	12 hrs
Due to Myocarditis	2 yrs
Due to Arteriosclerosis	10 yrs
Other conditions Herpes Zoster complicated by acute Neuritis	1 yr

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of —
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) None
Means of injury — Injured at work? —

23. SIGNATURE James E. Jarrett M.D.
M. D. or other
Address Upper Marlboro Md Date signed 12/21/40

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JAN 4 1941
BUREAU V.S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-F)

CERTIFICATE OF DEATH

12881

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince Georgis

City or town Queen Ann

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince Geo.

City or town Queen Ann

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Caroline Blandford

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Colored	widow

6.(b) Name of husband or wife Charles H. Blandford

Deceased 6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept. 10 1886

8. AGE: Years	Months	Days	If less than one day
54	2	15	hrs. min.

9. Birthplace Upper Marlboro, P.G.Co.

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER

12. Name James Tilghman

13. Birthplace Upper Marlboro

MOTHER

14. Maiden name Eliza Jones

15. Birthplace Upper Marlboro

16. Informant Maude J. Fludd

Address Upper Marlboro

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29 1940 (month) (day) (year)

Cemetery or crematory Mt Nebo

Location Queen Ann District

18. Funeral director J. B. Johnson

Address Hampshire

19. Dec 29 1940 (Date rec'd by registrar) Clare Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death Cancer of liver — DURATION 6 mos

Due to

Due to

Other conditions Pulmonary Oedema — 2 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Reuedy Sassen M.D. M. D. or other

Address Upper Marlboro Md. Date signed 12/29/40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-e)

12882

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince George

City or town: Upper Marlboro Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 7 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Meadows Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edmund Thomas Brady

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Lillian Brady

6(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): June 8 1909

8. AGE: Years 31 Months 6 Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace: Truck Driver (Town, county, and state)

10. Usual occupation: Oil Truck

11. Industry or business

FATHER: 12. Name: Louie Brady

13. Birthplace: N.C.

MOTHER: 14. Maiden name: Nannie Kelly

15. Birthplace: N.C.

16. Informant: Lillian Brady

Address: Meadows Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 26, 1940 (month) (day) (year)

Cemetery or crematory: Evergreen Cemetery

Location: Bladensburg Md

18. Funeral director: F. Gaeck's sons

Address: Bladensburg Md.

19. Dec-26 1940 (Date rec'd by registrar) F. Wm Norgle. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 22 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Shock Intra Cranial Hemorrhage

Due to: Injured, while delivering fuel oil, at Falls Church, Virginia's Pressure was thrown

Due to: in hose and gave his body a jerk. December 13th, 1940, at Falls Church, Virginia. S.W.R.

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Same

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: James I. Boyd M. D. or other

Address: Forestville Md Date signed: 12-23-40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

12883

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
County Prince Geo
City or town Near Laurel
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Geo
City or town Laurel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sophia Browning

3. (b) Social Security Number

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife M. C. Browning
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 24 - 1855

8. AGE: Years 86 Months 10 Days 22 If less than one day hrs. min.

9. Birthplace Ill.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Black
13. Birthplace Ky.
MOTHER 14. Maiden name Mary Hills
15. Birthplace Ill.
16. Informant Mrs May Alderson
Address Laurel Md
17. Burial Date thereof Dec 18-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Union
Location Burtonsville Md
18. Funeral director Lloyd Kaiser
Address Laurel Md.
19. December 1840 Cora E Wachter Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 10:30 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-1- 1940, to 12-16-1940, and that I last saw her alive on 12-16- 1940
Immediate cause of death Arch Cardiac Dilatation
Due to Chr. Nephritis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 12-16-40 1939

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B Warren M. D. or other
Address Laurel Md Date signed 12-17-40

RECEIVED
JAN 3 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12884

1. PLACE OF DEATH

County Prince George Registration Dist. No. 242

Village or City Bowie No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, end year) Dec. 18, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stillborn

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lanham (State or country) Md.

FATHER

13. NAME Henry Camp

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) Prince Georges Cty (State or country) Md

17. INFORMANT Mary Camp (Address) Lanham, Md

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Landham Md Date 12-19, 1940

19. UNDERTAKER Henry D Camp (Address)

20. FILED 12-19-, 1940 Mrs. John W. Howser D.L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 11 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillborn	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry D Camp Jr M. D.

(Address) Bowie

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEC 4 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12885

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 242

Village or City Glen Arden No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jeremiah Franklin Chapman

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary Elizabeth Chapman

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U. S. Govt.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Prince Georges Cty (State or country) Md

FATHER

13. NAME Henry Chapman

14. BIRTHPLACE (city or town) Charles County (State or country) Md

MOTHER

15. MAIDEN NAME Martha Bowen

16. BIRTHPLACE (city or town) ... (State or country) Md

17. INFORMANT Mary Elizabeth Chapman (Address) Glen Arden

18. BURIAL, CREMATION, OR REMOVAL Place Whitemarsh, Md Date 12-20 1940

19. UNDERTAKER T. Gaither Sons (Address) Hyattsville, Md.

20. FILED 12-19, 1940 Mrs. Johan W. Howes DL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 18 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Dec. 18, 1940

I last saw h— alive on Nov. 15, 1940; death is said to have occurred on the date stated above, at 12 20 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pulmonary Emphysema	12-18-40
Other **Contributory Causes** of Importance:	
Pulmonary Tuberculosis	1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Henry A. Robinson, Jr. M. D.

(Address) Bowie

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years 20 days

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 3 years 20 days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 1122 First Street, N.W. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Cecelia Christian

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 22, 1912

8. AGE: Years 28 | Months 4 | Days 8 | If less than one day: hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: Joseph Christian
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Jackson
15. Birthplace: Md.

16. Informant: Cecelia Christian } Deceased
Address: 1122 First Street, N.W.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec. 31, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

19. Funeral director: John S. Stewart

Address: 1130 H.N.E. / D.C.

19. Dec 31 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 30 1940 at 4.32 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 1937, to Dec. 30 1940 and that I last saw her alive on Dec. 30, 1940

Immediate cause of death: Pulmonary Tuberculosis. — DURATION: 3 yrs. 8 mo.

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: Tuberculous pneumonia.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Pinucane M.D. M. D. or other

Address: Glenn Dale Sanatorium, Glenn Dale, Md. Date signed:

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 3 1941
BUREAU V.S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12887

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 days

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: DC County:

City or town: Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 807 Florida Ave N.W. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Edward Sylvester Crawford

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6.(b) Name of husband or wife: Louise Crawford

August 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 8-10th 1880

8. AGE:

Years	Months	Days	If less than one day
60	3	22	..... hrs. ..... min.

9. Birthplace: Chester Pa (Town, county, and state)

10. Usual occupation: Shoe Shiner

11. Industry or business: Shoe Shining Parlor

FATHER
12. Name: Frank Crawford
13. Birthplace: Chester, Pa

MOTHER
14. Maiden name: Hannah Jones
15. Birthplace: Chester, Pa

16. Informant: Deceased

Address: 807 Fla. Ave N.W.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 12-3-40 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Thos Frazier

Address: 389 R. I. Ave. N.W.

19. December 3 1940 (Date rec'd by registrar) Leo V. Kline Jr. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2nd 1940 at 9 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20th 1940, to Dec 2nd 1940 and that I last saw him alive on Dec 2nd 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2 mos

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results: Pulm Tub.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12888

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince George

City or town Cedar Heights

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6424 - Huron St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Cedar Heights Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6424 - Huron St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ruby Gladys Deal

3. (b) Social Security Number

4. Sex: Female

5. Color or race: colored

6.(a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William Deal

6(c) If alive, give age: Deceased years

7. Birth date of deceased (mo., day, yr.): Oct. 7, 1900

8. AGE: Years: 40 Months: 2 Days: 5 If less than one day: hrs. min.

9. Birthplace: Richmond, Va (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: Own home

FATHER

12. Name: Richard Clayborn

13. Birthplace: Richmond, Va

MOTHER

14. Maiden name: Frances Borden

15. Birthplace: Winter Park, Va

16. Informant: Ruby Deal (Daughter)

Address: Cedar Hts, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-16-40 (month) (day) (year)

Cemetery or crematory: Woodlawn

Location: Prince George, Co. Md.

18. Funeral director: M. C. Malvan

Address: 424 - R - St. N.W.

19. 12-12-40 (Date rec'd by registrar) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 12, 1940, at 5:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1, 1940, to Dec. 12, 1940, and that I last saw h[illegible] alive on Dec. 12, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	?
Due to Pulmonary Haemorrhage	
Due to	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harrison C. Belloy M. D., or other

Address Fairmount Heights, Md. Date signed 12-12-40

RECEIVED
JAN 4 1941
BUREAU V. S.

12889

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 mos. 6 days

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 5 mos. 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington, D.C. (If outside city or town limits, write RURAL and give nearest town)

Street No. 1632 6th St. N.W. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Oliver Dockery

3. (b) Social Security Number: 57A-16999

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of ~~husband or~~ wife: Connie Mae Dockery

6.(c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): Dec. 9, 1912

8. AGE: Years 27 | Months 11 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace: Ohio (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Kas Dockery
13. Birthplace: North Carolina

MOTHER
14. Maiden name: Ida Green
15. Birthplace: North Carolina

16. Informant: Deceased

Address: 1632 6th St. N.W. Washington, D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 12/2/40 (month) (day) (year)

Cemetery or crematory:

Location: Washington

18. Funeral director: James M Miller

Address: 2256 - 12th St N.W.

19. December 2nd 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 1 1940, at 9:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/25 1940, to 12/1 1940 and that I last saw him alive on 12/1 1940

Immediate cause of death: Pulmonary tuberculosis — DURATION: 5 mo. 6 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.:

Autopsy results: Pulmonary Tbc

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed:

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

12890

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Brandywine

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Brandywine Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Georgia Herman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Separated

6 (b) Name of husband or wife: Charles H Herman

6(c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): Jan 31 1904

8. AGE:

Years	Months	Days	If less than one day
36	11	23	____ hrs. ____ min.

9. Birthplace: Charlestown W. Va.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER

12. Name: Sylvester Parker

13. Birthplace: W. Va.

MOTHER

14. Maiden name: Annie Reed

15. Birthplace: W. Va.

16. Informant: Tonnace Beale

Address: Brandywine Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/30-40. (month) (day) (year)

Cemetery or crematory: Suttons Chapel

Location: Brandywine, Md.

18. Funeral director: Pilchie Brothers

Address: Upper Marlboro, Md.

19. Dec 28 1940 (Date rec'd by registrar) F H Billingsley local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 27 1940, at 5 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Acute congestive heart failure	
Due to carcinomatosis	
Due to Carcinoma of breast	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James H Bond M. D. or other

Address: Brentville Md. Date signed: 12-27-40

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1315a)

12891

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George

City or town Cottage City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 37 Central Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Cottage City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 37 Central Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Ellen Dyer

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Wallace H. Dyer

6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1897

8. AGE: Years 43 Months 3 Days 8 If less than one day ___ hrs. ___ min.

9. Birthplace Columbus, Georgia

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Joseph C. Hanner

13. Birthplace Georgia

MOTHER 14. Maiden name Janette Watson

15. Birthplace Georgia

16. Informant Wallace H. Dyer

Address 37 Central Ave, Cottage City Md

17. Burial Date thereof Dec 27, 1940

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Ft Lincoln Cemetery

Location Wash D.C.

16. Funeral director F. Gasch's sons

Address Hyattsville Md

19. Dec 26 1940 F. Mrs Norgle

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Acute Congestive heart failure

Due to Cardio vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James S. Bond M. D. or other

Address Forestville Md Date signed 12-25-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (940)

12892

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
County Prince Georges Co.
City or town "Largo"
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Landover, Md. R#1
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 11 Mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Landover R#1 Largo. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Largo to Landover Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME VIOLA ELLINGSWORTH

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Charles H. Ellingsworth
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 12, 1881

8. AGE: Years 59 | Months 8 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace: Seaford, Del. (Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: James K. P. Hill
13. Birthplace: unknown

MOTHER
14. Maiden name: Sarah E. Messick
15. Birthplace: unknown

16. Informant: Mrs. Katherine Edelen
Address: 1004 M St. N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 13, 1940 (month) (day) (year)
Cemetery or crematory: Trinity Episcopal Church Cemetery
Location: Upper Marlboro, Md.

18. Funeral director: W. W. Chambers Co.
Address: Riverdale, Md.

19. Dec 12 1940 (Date rec'd by registrar) M J Richardson Dpt. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 11 1940, at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1936, to Dec 11 1940, and that I last saw her alive on Dec 9 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: 2 hrs
Due to: General arteriosclerosis — unknown
Due to:
Other conditions: Cerebral Hemorrhage — 1935
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
—
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Paul C Van Yatto M. D. ~~or other~~
Address: Bennings D.C. R#1 Date signed: Dec 11 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12893

Reg. Diat. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo — 25 days

Hospital, Institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 1 mo 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 645 - Second St. N. E.

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Charles Finley

3.(b) Social Security Number: 705-05-3771

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6.(b) Name of husband or wife: Theresa Finley

6.(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): Dec 23, 1906

8. AGE:

Years	Months	Days	If less than one day
33	11	17	...hrs. ...min.

9. Birthplace: Troy Alabama (Town, county, and state)

10. Usual occupation: Waiter

11. Industry or business: —

FATHER — 12. Name: George Finley

FATHER — 13. Birthplace: Troy Alabama

MOTHER — 14. Maiden name: Millie McKee

MOTHER — 15. Birthplace: Troy Alabama

16. Informant: Deceased.

Address: —

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec 12, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Thomas Funeral Co.

Address: 384 R. I. Ave. N.W.

19. Dec 12th 1940 (Date rec'd by registrar) Leo V. Mueller M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 10 1940 at 10:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 1940 to December 10 1940 and that I last saw h... alive on December 10 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 mo-4d
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.:

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ... Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed:

Glenn Dale Md.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 23 1940
BUREAU V.M.

12895

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince George

City or town Brown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Brown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James H. Garner

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

8 (b) Name of husband or wife Mary Rawlings

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15 - 1860

8. AGE: Years 80 Months 9 Days 29 If less than one day hrs. min.

9. Birthplace Prince Geo. Co., Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas E. Garner
13. Birthplace Pr. Geo. Co., Md.

MOTHER
14. Maiden name Susan A. De Vaughn
15. Birthplace Pr. Geo. Co., Md.

16. Informant James A. Garner (Son)
Address Upper Marlboro, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 17, 1940 (month) (day) (year)

Cemetery or crematory Mt. Carmel Dec 17 1940

Location Upper Marlboro, Md.

18. Funeral director Ritchie Bros.
Address Upper Marlboro, Md.

19. Dec 16 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1940, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1940, to Dec 14 1940, and that I last saw him alive on Dec 13 1940.

Immediate cause of death Chronic nephritis — DURATION 4 years

Due to Arterio-sclerosis

Due to Cerebral Hemorrhage — 1 day

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Reverdy Sasscer
M. D. or other
Address Upper Marlboro Md. Date signed 12/16/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

12894

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince Georges County

City or town: Hyattsville, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Six weeks

Hospital, institution, or street address where death occurred: 716 Wells Ave, Hyatts, Md

How long in hospital or institution? [redacted]

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Hyattsville, Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 716 Wells Ave, Hyatts, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: JOHN - SHEA - GEIGER.

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

8.(b) Name of husband or wife: none

~~November 14, 1940~~ 8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 14, 1940.

8. AGE: Years | Months 1 | Days 33 | If less than one day ..... hrs. ..... min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Earl A. Geiger
13. Birthplace: Minnesota

MOTHER
14. Maiden name: Alberta Shea
15. Birthplace: Racine Wisconsin

16. Informant: Earl A. Geiger

Address: 716 Wells Ave, Hyattsville Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Dec 26 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Fort Lincoln

Location:

18. Funeral director: W. W. Chambers

Address: 918 Cleveland Ave, Riverdale, Md

19. Dec. 26 1940 (Date rec'd by registrar) Mrs. Jas. Severe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 23 1940 at 8.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13th 1940 to Dec 23th 1940 and that I last saw him alive on December 23 1940

Immediate cause of death: Congenital Heart Disease

DURATION: 10 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Francis J. O'Bryan M. D. or other

Address: 500 G. St. N. Wash. D.C. Date signed: 12-23-40

RECEIVED
JAN 6 1941
BUREAU V. S.

12896

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(740)

CERTIFICATE OF DEATH

Reg. Dist. No. 2 Xb

1. PLACE OF DEATH:

County Prince Georges

City or town Mt Rainier
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3523-38th St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 32 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Mt Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3523-38th St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Nicholas Goheen

3. (b) Social Security Number 714 07 9315

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary R Goheen

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) December 5, 1873

8. AGE: Years 67 | Months 0 | Days 21 | If less than one day ___ hrs. ___ min.

9. Birthplace Martinsburg W Va.
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Railway Express

FATHER
12. Name Nicholas Goheen
13. Birthplace Ireland

MOTHER
14. Maiden name Ellen Sullivan
15. Birthplace Boston, Mass

16. Informant Mrs Mary R Goheen
Address 3523-38th St Mt Rainier

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 28, 1940
(month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Hartington D.C.

18. Funeral director Wm J. Nalley
Address 3200 - Rhode Island Ave Md

19. Dec 27 1940 Harry Nalley M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1940, at 3:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Coronary occlusion

Due to: Coronary sclerosis, myocardosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 12-26-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1941
BUREAU V. S.

12897

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges County

City or town Landover Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pro Geo Co.

City or town Landover Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Kendall Edward Graves

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Anna C Graves

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 19. 1861

8. AGE:

Years	Months	Days	If less than one day
79	6	23	hrs. min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual occupation Grocer - Retail

11. Industry or business

FATHER

12. Name Daniel E. Graves

13. Birthplace Mass -

MOTHER

14. Maiden name Harriett A. Richards

15. Birthplace Mass -

16. Informant Anna C. Graves

Address Landover Md.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-14-40. (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Maryland

18. Funeral director F Gasch's sons

Address Hyattsville Md.,

19. Dec-14 1940 (Date rec'd by registrar) G Wm Norgle. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1940, at 18 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 1940, to Dec. 12 1940, and that I last saw him alive on December 12 1940.

Immediate cause of death Lobar Pneumonia - Rt. Lower Lobe

DURATION 20 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles C. Hageage M. D. M. D. or other

Address Mount Rainier, Md. Date signed Dec. 12/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-D)

12898

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince Georges County

City or town: Rural Near ARDMORE (Landover PO)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Rural Near ARDMORE Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: None - RFD
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: FRANK GROSVENOR

3. (b) Social Security Number: NONE

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lulu Grosvenor

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): April 5, 1869

8. AGE: Years: 71 Months: 8 Days: 5 If less than one day: — hrs. — min.

9. Birthplace: Grosvenor's Corners, New York
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Retired

FATHER
12. Name: Parley Grosvenor
13. Birthplace: Grosvenors Corners, New York

MOTHER
14. Maiden name: Margaret Garner
15. Birthplace: New York State

16. Informant: Mrs. Lulu Grosvenor
Address: Ardmore, Maryland RFD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 13, 1940 (month) (day) (year)

Cemetery or crematory: National Memorial Park

Location: Falls Church, Virginia

18. Funeral director: Martin W. Hysong Co.

Address: 1300 - N Street NW - Wash D. C.

19. Dec 10 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 10 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to Dec. 10 1940, and that I last saw him alive on Dec 9 1940.

Immediate cause of death: Carcinoma of Lung

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 1 year

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. Clertz M.D. M. D. or other

Address: Hyattsville, Md Date signed: 12-10-40

RECEIVED
JAN 6 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12899

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince George Registration Dist. No. 2H5

Village or City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME EDITH V. HAHN If U. S. Veteran, specify WAR ____

(a) Residence: No. Mother Lodge Rest Home - Prince George Co. Ward. ____

(Usual place of abode) Arlington Va. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Daniel Hahn

6. DATE OF BIRTH (month, day, and year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62	62			

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month end year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) WHEELING

(State or country) WEST VA.

FATHER

13. NAME None

14. BIRTHPLACE (city or town) ____

(State or country)

MOTHER

15. MAIDEN NAME None

16. BIRTHPLACE (city or town) ____

(State or country)

17. INFORMANT Daniel Hahn

(Address) Mother Lodge Rest Home - Prince George Co

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D. C. Date Dec. 11, 1940

19. UNDERTAKER Suthoff Funeral Home

(Address) 301 E. Capitol St. N.W. Wash. D.C.

20. FILED Dec. 11, 1940 Jay Greene Registrar.

Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1939, to December 10, 1940

I last saw her alive on December 10, 1940; death is said to have occurred on the date stated above, at 11.50 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	12-10-40
Other **Contributory Causes** of Importance:	
Aortic Insufficiency	March, 1940
Myocarditis	
Arterio sclerosis	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Alfred S. Churchill D.O.

(Address) 1014 N. Irving St., Arlington, Va.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 6 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

12900

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:
County Prince Geo
City or town Upper Marlboro Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Upper Marlboro Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harrison
3. (b) Social Security Number

4. Sex M
5. Color or race Col
6. (a) Single, married, widowed, or divorced —
6 (b) Name of husband or wife —
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 20 1940
8. AGE: Years Months Days If less than one day
still born hrs. min.
9. Birthplace Upper Marlboro Md
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name William Harrison
13. Birthplace Upper Marlboro Md
MOTHER 14. Maiden name Annie Wood
15. Birthplace Upper Marlboro Md
16. Informant William Harrison
Address Upper Marlboro Md
17. Burial Date thereof Dec 26 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Upper Marlboro Md
Location
18. Funeral director William Harrison
Address Upper Marlboro Md
19. Dec 26 1940 [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940, at 4:45 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death
Due to Still born
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Reveedy Sassar
M. D. or other
Address Upper Marlboro Md Date signed 12/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12901

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Prince Georges
City or town: Upper Marlboro No 4
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -
Stay in hospital or inst. (yrs., or mos., or days): -
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Prince Georges
City or town: Upper Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harrison

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	col	-

6 (b) Name of husband or wife: -
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 25 1940

8. AGE: Years: Still born | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Upper Marlboro
(Town, county, and state)

10. Usual occupation: -

11. Industry or business:

FATHER
12. Name: William Harrison
13. Birthplace: Upper Marlboro Md

MOTHER
14. Maiden name: Annie Wood
15. Birthplace: Upper Marlboro Md

16. Informant: William Harrison
Address: Upper Marlboro

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec 26 1940
(month) (day) (year)
Cemetery or crematory:
Location: Upper Marlboro Md

18. Funeral director: William Harrison
Address: Upper Marlboro Md

19. Dec 26 1940
(Date rec'd by registrar)
R. Ewell Smith
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 25 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Still born

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dorothy Jansen
M. D. or other
Address: Upper Marlboro Date signed: 12/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12902

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (934)

County Prince Georges Registration Dist. No. 223-

Village or City Takoma Park No. 76 Flower Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME MINNIE HARTIG If U. S. Veteran, specify WAR ____

(a) Residence: No. 76 Flower Ave St., Ward ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	WHITE	Widowed

5a. If married, widowad, or divorcad
~~HUSBAND of~~ (or) WIFE of Frederick Hartig

6. DATE OF BIRTH (month, day, and year) July ? 1860.

7. AGE Years	Months	Days	If LESS then 1 dey, ____ hrs. or ____ min.
80			

OCCUPATION

8. Trada, profassion, or perticuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. X

10. Oate deceased last worked et this occupation (month and year) ____

11. Total time (yeers) spant in this occupation ____

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Leckband

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Louie Hartig (Address) 76 Flower ave Tak Pk. Md.

18. BURIAL, CREMATION, OR REMOVAL Piece Rock Memorial Park Date Dec 22, 1940

19. UNDERTAKER E. Arthur Walters (Address) 254 Carroll St. Takoma Park, D.C.

20. FILED Dec 19, 1940 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 19 (Dey), 1940 (Year)

22. I HEREBY CERTIFY, That I attendad decaasad from December 19, 1940, to December 19, 1940

I last saw her alive on December 19, 1940; death is said to heva occurred on the date stated abova, at 1:40 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	1933
Myocarditis, Chronic	1937
Pulmonary edema	3 hours ago
Other Contributory Causes of importance:	
Acute Indigestion	3 hours ago

Neme of operation ____ Oate of ____

What test confirmad diegnosis? ____ Was thare an autopsy? ____

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Deta of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury ____

Nature of Injury ____

24. Was diseese or injury in any wey related to occupation of deceased? No

If so, specify ____

(Signed) Wallace N. Mook M. D.

(Address) 805 Carroll Ave, Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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This Certificate approved by Drexel J. Boyd, Medical Examiner for Prince George County, Md.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I was called to see Mrs. Minnie Hartig at 12:05 AM Dec. 19, 1940 Her lips and fingers were cyanotic she was dyspneic, with widespread râles throughout chest. Pulse was imperceptible but after stimulants given she rallied for a short time, and then suddenly died at 1:40 AM. same day. N. Mook, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12903

243

Reg. Dist. No.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mos. 25 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 4 mos. 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 537-9th St. S.E.

(If rural, give LOCATION)

2.(a) If veteran, name war: ——

3.(a) FULL NAME: William Thomas Heflin

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.): Jan. 17, 1940

8. AGE: Years: 0 | Months: 11 | Days: 10 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Washington, D.C.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER

12. Name: Lawson Heflin

13. Birthplace: Broad Run - Va

MOTHER

14. Maiden name: Dorothy Kalas

15. Birthplace: Greece

16. Informant: Mrs. Lawson Heflin

Address: 537-9th St. S.E. Wash. D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec 27, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: Wm J. Galley

Address: 522-8th St. S.E.

19. Dec. 27 1940 (Date rec'd by registrar) Leo V. Kilmide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 27 1940 at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 2 1940 to Dec. 27 1940 and that I last saw him alive on Dec. 27, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ——

Date of op.:

Autopsy results: Pulm. Tub.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: —— Date of ——

Where did injury occur? —— (City or town) —— (County) —— (State)

Injured at home, farm, industry, public place (where?): ——

Means of injury —— Injured at work? ——

23. SIGNATURE: Daniel Leo Finucane M.D.

M. D. or other

Address: Glenn Dale Sanatorium Date signed: 12/27/40

Glenn Dale, Md.

R
FEB 3 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12904

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George's

City or town: Fort Foote

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Fort Foote Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alta Heinbuck

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 11, 1928

8. AGE: Years 12 | Months 7 | Days 13 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER 12. Name: Alton Heinbuck

FATHER 13. Birthplace: Virginia

MOTHER 14. Maiden name: Dorothy Johnson

MOTHER 15. Birthplace: District of Columbia

16. Informant: Alton Heinbuck

Address: Fort Foote, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 24 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill 12/24

Location: Suitland Md

18. Funeral director: Ritchie Bros

Address: Upper Marlboro Md

19. 12/24/40 (Date rec'd by registrar) 19 Harry E Ryder Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24 19 40 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19 ---, to ---- 19 ---, and that I last saw h--- alive on ---- 19 ---.

Immediate cause of death: Burned to death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 12/24/40

Where did injury occur? Fort Foote (City or town) Pr. Geo. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: House caught on fire while she was asleep

Injured at work? ---

23. SIGNATURE: James H Boyd M. D. or other

Address: Forestville, Md. Date signed: 12/24/40

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12905
238
Reg. Dist. No.

1. PLACE OF DEATH:
County Prince George's
City or town Fort Foote
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 10 years
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Fort Foote Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Heinbuck

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1925

8. AGE: Years	Months	Days	If less than one day
15	6	26	hrs. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual occupation Student
11. Industry or business

FATHER
12. Name Alton Heinbuck
13. Birthplace Virginia

MOTHER
14. Maiden name Dorothy Johnson
15. Birthplace District Of Columbia

16. Informant Alton Heinbuck
Address Fort Foote, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26 1940 (month) (day) (year)
Cemetery or crematory Cedar Hill 12/24
Location Suitland Md
18. Funeral director Ritchie Bros
Address Upper Marlboro Md
19. 12/24/40 (Date rec'd by registrar) Harvey Ritchie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Burned to death — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 12/24/40
Where did injury occur? Fort Foote (City or town) Pr. Geo. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury House caught on fire while she Injured at work
was asleep.

23. SIGNATURE James H Boyd M. D. or other
Address Forestville, Md. Date signed 12/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12906

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince George's
City or town: Fort Foote
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George's
City or town: Fort Foote Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Conrad Heinbuck

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 23, 1924

8. AGE:

Years	Months	Days	If less than one day
6	10	1	hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER
12. Name: Alton Heinbuck
13. Birthplace: Virginia

MOTHER
14. Maiden name: Dorothy Johnson
15. Birthplace: District of Columbia

16. Informant: Alton Heinbuck
Address: Fort Foote, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 24, 1940 (month) (day) (year)
Cemetery or crematory: Cedar Hill 12/26
Location: Suitland Md
18. Funeral director: Ritchie Bros
Address: Upper Marlboro Md

19. 12/24 19 40 Harvey Eatyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24 19 40, at 7:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.

Immediate cause of death: Burned to death — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 12/24/40
Where did injury occur? Fort Foote (City or town) Pr. Geo. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: House caught on fire while he was asleep

23. SIGNATURE: James J Boyle M. D. or other
Address: Forestville, Md. Date signed 12/24/40

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JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12907

Reg. Dist. No. 238

1. PLACE OF DEATH:

County: Prince George's

City or town: Fort Foote
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 10 years

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George's

City or town: Fort Foote Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dorothy Heinbuck

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alton Heinbuck

6(c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): Feb. 19, 1905

8. AGE: Years 35 Months 10 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace: District of Columbia
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: Own home

FATHER
12. Name: Robert G. Johnson
13. Birthplace: District of Columbia

MOTHER
14. Maiden name: Nann Norton
15. Birthplace: District of Columbia

16. Informant: Alton Heinbuck
Address: Fort Foote, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 26 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill 12/26

Location: Suitland Md

18. Funeral director: Ritchie Bros

Address: Upper Marlboro Md

19. 12/24 1940 (Date rec'd by registrar) Harvey E. Lyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24, 1940, at 7:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Burned to death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 12-24-1940

Where did injury occur? Fort Foote (City or town) Pr. Geo. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: House caught on fire while she was asleep. Injured at work?

23. SIGNATURE: James H Boyd M. D. or other

Address: Forestville, Md. Date signed: 12/24/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12908

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA15

1. PLACE OF DEATH:

County: Prince George's

City or town: Fort Foote

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Fort Foote Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Grace Heinbuck

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 23, 1930

8. AGE: Years 10 | Months 2 | Days 1 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER — 12. Name: Alton Heinbuck

13. Birthplace: Virginia

MOTHER — 14. Maiden name: Dorothy Johnson

15. Birthplace: District of Columbia

16. Informant: Alton Heinbuck

Address: Fort Foote, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland Md

18. Funeral director: Ritchie Bros

Address: Upper Marlboro Md

19. 12/24 19 40 (Date rec'd by registrar) Harvey E. Eyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24 19 40, at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death: Burned to death — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 12/24/40

Where did injury occur? Frot Foote Pr. Geo. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: House caught on fire while she was asleep. Injured at work?

23. SIGNATURE: James H Boyd M. D. or other

Address: Forestville, Md. Date signed: 12/24/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12909

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George's

City or town: Fort Foote

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 yeara

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Fort Foote Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Heken Heinbuck

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 23, 1927

8. AGE: Years	Months	Days	If less than one day
13	9	1	hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER — 12. Name: Alton Heinbuck

FATHER — 13. Birthplace: Virginia

MOTHER — 14. Maiden name: Dorothy Johnson

MOTHER — 15. Birthplace: District of Columbia

16. Informant: Alton Heinbuck

Address: Fort Foote, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill 12/24

Location: Suitland Md

18. Funeral director: Ritchie Bros

Address: Upper Marlboro Md

19. 12-26-40 (Date rec'd by registrar) 19 Harry Ritchie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death: Burned to death — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 12/24/40

Where did injury occur? Fort Foote (City or town) Pr. Geo. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury: House caught on fire while she was asleep. Injured at work?

23. SIGNATURE: James D Boyd M. D. or other

Address: Forestville, Md. Date signed 12/24/40

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JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

13173

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs. 11 mos. 11 days

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 4 yrs. 11 mos. 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 160 Heckman St. S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Forest Henderson

3. (b) Social Security Number Same

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1922

8. AGE: Years 18 | Months 11 | Days 12 | If less than one day ... hrs. ... min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Isom Henderson
13. Birthplace South Carolina

MOTHER
14. Maiden name Prudence Jackson
15. Birthplace South Carolina

16. Informant Prudence Henderson

Address 160 Heckman St. S.E. Wash. D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 27, 1940 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director Ernest Jamie

Address 1432 New St. N.W.

19. Dec. 27 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1940, at 11:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15 1936, to Dec. 26 1940 and that I last saw him alive on Dec. 26 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5 yrs.

Due to

Due to

Other conditions
(include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other

Address Glenn Dale Sanatorium Date signed 12/26/40

Glenn Dale, Md.

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JAN 13 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

12910

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 920 G. St. N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war: none ✓

3. (a) FULL NAME: Adolphus Jackson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: unknown

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): December 15, 1911

8. AGE:

Years	Months	Days	If less than one day
29	0	10	..... hrs. ..... min.

9. Birthplace: Occoquan, Va
(Town, county, and state)

10. Usual occupation: Porter

11. Industry or business

FATHER
12. Name: Emmanuel Jackson
13. Birthplace: Occoquan, Va.

MOTHER
14. Maiden name: Elsie Whitely
15. Birthplace: Mt Vernon, Va.

16. Informant: Deceased

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 12-25-40 (month) (day) (year)

Cemetery or crematory

Location: Washington D.C.

18. Funeral director: Malvin S. Sykes

Address: 724 R St N.W.

19. 12-25 1940 (Date rec'd by registrar) Leo V. Kuenster M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 25 1940, at 4:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1940, to Dec 25 1940 and that I last saw h. 1 m. alive on Dec. 25 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: one year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed

Glenn Dale, Md

VS A15 — MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

12911

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

WITHIN CORPORATE

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6 Dewey Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6 Dewey

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lucy Ann Johnson

3. (b) Social Security Number

4. Sex F

5. Color or race C

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thomas H. Johnson (Deceased)

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1877

8. AGE: Years 63 Months 3 Days 12 If less than one day — hrs. — min.

9. Birthplace Falls Church, Va. (Town, county, and state)

10. Usual occupation Lived with son

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Robert H. Johnson (son)

Address 6 Dewey St. Hyattsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30, 1940 (month) (day) (year)

Cemetery or crematory Lincoln Memorial

Location C. G. Co.

18. Funeral director J. B. Johnson

Address Hyattsville

19. Dec 30 1940 Mrs. Jac. Severe Deputy Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1940, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 27 1939, to Dec. 27 1940 and that I last saw her alive on Dec. 27 1940

	DURATION
Immediate cause of death Acute Myocarditis	1 mo.
Due to Arterio-Sclerosis	—
Due to Hypertension	2-3 yr
Other conditions Acute Nephritis and Cystitis	4 mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE W. W. Spiller M.D. M. D. or other

Address Brentwood Md. Date signed 12-27-40

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12912

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Rural - Glenn Dale Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 months - 4 days

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium, Glenn Dale Md

How long in hospital or institution? 5 months - 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. — County: —

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 317 - K. St. N.W.

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Daniel Jones

3. (b) Social Security Number: 579-03-1785

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married - (Separated)

6.(b) Name of ~~husband or~~ wife: Alice Jones

6.(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): April 1 - 1900

8. AGE: Years: 40 Months: 8 Days: 6 If less than one day: ..... hrs. ..... min.

9. Birthplace: South Carolina (Town, county, and state)

10. Usual occupation: Cook

11. Industry or business: Restaurant

FATHER

12. Name: Frank Jones

13. Birthplace: South Carolina

MOTHER

14. Maiden name: Emma Munley

15. Birthplace: Sellers South Carolina

16. Informant: Deceased

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec. 9, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Joseph I. Bailey

Address: 923 - 3 - St N.W.

19. Dec. 9 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 7 - 1940, at 9:10 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7/2 1940, to 12/7 1940 and that I last saw him alive on Dec. 7 - 1940

Immediate cause of death: Pulmonary Tuberculosis

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.: —

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale Md. Date signed:

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JAN 3 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12913

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (83-E)

County Prince George Co. Registration Dist. No. 237

Village or City Aquasco No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucas Jones. If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	B.	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Frank Jones.

6. DATE OF BIRTH (month, day, and year) Jan 27, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9/1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home - wife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ~~X~~ none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greenville, S.C.
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT ~~Mrs~~ Alyne Jones
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place John Wesley Cemetery Date Dec 5th, 1940

19. UNDERTAKER Hunter & Ryon
(Address) Waldorf Md

20. FILED Dec 3rd, 1940 Mrs. Henry B. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 5, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. Nov. 29, 1940, to Dec 5, 1940

I last saw h~~e~~r alive on Nov 29, 1940; death is said to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Nov 29

Other Contributory Causes of importance:

Coronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh M Vaughan M. D.

(Address) Hugh M Vaughan

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12914

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges

City or town Fairmount Heights (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6007 Md. ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Fairmount Heights Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 6007 - Md. ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Kidwell

3. (b) Social Security Number

4. Sex Female

5. Color or race Col

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Richard Kidwell

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1889

8. AGE: Years 51 Months 8 Days 13 If less than one day hrs. min.

9. Birthplace Cheltenham, Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Federal Govt.

FATHER 12. Name George Hawkins

13. Birthplace Prince Geo Co, Md

MOTHER 14. Maiden name Christine Wilson

15. Birthplace Prince Geo Co. Md.

16. Informant Mrs. Carrie Dean

Address 6007 - Md. ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29 41 (month) (day) (year)

Cemetery or crematory

Location Prince George

18. Funeral director J. B. Johnson

Address Annapolis

19. 12-28 1940 (Date rec'd by registrar) Glen G. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1940, at 11:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 9, 1940, to Dec 25 1940, and that I last saw her alive on Dec. 25 1940.

Immediate cause of death Cerebral Haemorrhage — DURATION 3 mo.

Due to Hypertension — 3 yrs

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harrison C. Beldon M.D. M. D. or other

Address Fairmount Heights, Md Date signed 12-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-C)

12915

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Bladensburg Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore Blvd.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince Georges

City or town Bladensburg Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Baltimore Blvd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Not named - (Newborn Infant) Lee

3. (b) Social Security Number

4. Sex M

5. Color or race C

6. (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) December 20, 1940

8. AGE: Years — Months — Days — If less than one day hrs. 20 min.

9. Birthplace Bladensburg, Prince Georges, Md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Earnest Lee

13. Birthplace Dinwiddie, Va.

MOTHER

14. Maiden name Rebecca Jones

15. Birthplace Calvin County

16. Informant Earnest Lee Md

Address Bladensburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 21, 1940 (month) (day) (year)

Cemetery or crematory Methodist Cemetery

Location Bladensburg Md

18. Funeral director F Gaschs sons

Address Hyattsville Md

19. Dec. 21 1940 (Date rec'd by registrar) G Wm Yorgle Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1940, at 3:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Emergency on date above 19 , to 19 , and that I last saw him alive on never 19

Immediate cause of death Locked head in foot-first-delivery resulting in asphyxia

Due to failure of head to be born soon enough

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 20 min

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE W. W. Spiller M.D. M. D. or other

Address Brentwood Md Date signed 12-20-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12916

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 days

Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium

How long in hospital or institution? 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 825 - 6th St. S. W.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME George Edward Lee, Jr

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 2, 1939

8. AGE: Years	Months	Days	If less than one day
1	7	29	hrs. min.

9. Birthplace: Washington D. C.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Geo. Edward Lee, Sr.
13. Birthplace: Fauquier Co. Virginia

MOTHER
14. Maiden name: Lucy Cuffee
15. Birthplace: Loudon Co, Virginia

16. Informant: mother
Address: 825 - 6th St. S. W.

17. removal
(Burial, cremation, or removal) Which?
Date thereof: 12-2-40 (month) (day) (year)

Cemetery or crematory:

Location: to Washington D.C.

18. Funeral director: W. W. Chambers Co.

Address: 517 - 11 St. S.E.

19. December 2nd 19 40 Leo V. Schneider M. D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1 19 40 at 7:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 25 19 40 to Dec 1 19 40

and that I last saw him alive on Dec 1 19 40

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 mo. 15 d.
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results: Pul. Tbc.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D.
M. D. or other

Address: Glenn Dale Sanatorium Date signed:
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

12917

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Pro Gao Co

WITHIN CORPORATE LIMITS

City or town Hyattsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 28 Bayly ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pro Gao Co

City or town Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 28 Bayly ave

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR no.

3. (a) FULL NAME Frances A. Maisel

3. (b) Social Security Number no

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lee J. Maisel

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.): Jan 17, 1894

8. AGE: Years 46 | Months 10 | Days 28 | If less than one day — hrs. — min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER

12. Name: Wm T Casey

13. Birthplace: Md

MOTHER

14. Maiden name: Lorenia Grover

15. Birthplace: Md

16. Informant: Lee J. Maisel (husband)

Address: 28 Bayly ave Hyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 18, 1940 (month) (day) (year)

Cemetery or crematory: Mt Olivet

Location: Washington DC

18. Funeral director: F Gasch's sons

Address: Hyattsville Md

19. Dec 17 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 15, 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10 1939, to Dec. 15 1940, and that I last saw her alive on Dec 14 1940.

Immediate cause of death: Myocardial Insufficiency

Due to

Due to

Other conditions: Aortic Regurg Tot in Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Clarence Deitz, M.D. M. D. or other

Address: Hyattsville, Md Date signed 12-17-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

12918

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: Riverdale (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 219 Washington Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Riverdale (If outside city or town limits, write RURAL and give nearest town)

Street No. 219 Washington Ave. (If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Robert Bruce McCathran

3. (b) Social Security Number: 709-09-0943

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Fannie R. McCathran

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 19, 1874

8. AGE: Years 66 | Months 1 | Days 20 | If less than one day ..... hrs. ..... min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Pullman Co.

FATHER
12. Name: Issac Hull McCathrin
13. Birthplace: unknown

MOTHER
14. Maiden name: Johanna Mervius
15. Birthplace: unknown

16. Informant: Fannie R. McCathran

Address: 219 Washington Ave. Riverdale Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec. 9, 1940 (month) (day) (year)

Cemetery or crematory: Washington, D.C.

Location: 2901-14 St. N.W. Wash. D.C.

18. Funeral director: The S.H. Hines Co.

Address: 2901-14th St. N.W., Washington, D.C.

19. Dec. 9 1940 (Date rec'd by registrar) Mrs. Jas. Serere Deputy Registrar

MEDICAL CERTIFICATION

DEC.

20. DATE OF DEATH: Dec 9 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to Dec 9 1940 and that I last saw him alive on 12-9-40 19

Immediate cause of death: Pul Tuberculosis — DURATION: 6 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Lemary Hurz M. D. or other

Address: Hyattsville Md Date signed: 12-9-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 14 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12919

Reg. Diat. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 mo - 19 days

Hospital, Institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 8 mo 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2609 Sherman Ave. N. W

(If rural, give LOCATION)

2.(a) If veteran, name war: V

3. (a) FULL NAME: Queenie Muller

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	married

6.(b) Name of husband or wife: Manarday Muller

6.(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): May 9, 1909

8. AGE:

Years	Months	Days	If less than one day
31	7	21	..... hrs. ..... min.

9. Birthplace: Orangeburg S. Carolina

(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER

12. Name: James Johnson

13. Birthplace: Orangeburg S. C.

MOTHER

14. Maiden name: mary Jamison

15. Birthplace: Orangeburg S. C.

16. Informant: Deceased

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec 30, 1940 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

16. Funeral director: St. Josh. Funeral Home

Address: by Jessie M Hanson

19. Dec 30th 1940 (Date rec'd by registrar) L. V. Rhoades M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 30 1940, at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-11-1940, to 12-30 1940

and that I last saw h.er alive on 12-30- 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 9 mo

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results: Pulmonary Tuberculosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.

M. D. or other

Address: Glenn Dale Sanatorium Date signed: 12/30/1940

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AT

RECEIVED
FEB 3 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (85)

12920

CERTIFICATE OF DEATH

Reg. Dist. No. 2 x 3

1. PLACE OF DEATH:
County: Prince George
City or town: Springfield Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pro Geo Co
City or town: Springfield Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dorthy Alice Overholser
3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan 22 1917

8. AGE: Years 22 | Months 11 | Days / | If less than one day / hrs. / min.

9. Birthplace: Ohio
(Town, county, and state)
10. Usual occupation: at Home
11. Industry or business
FATHER
12. Name: Ora Overholser
13. Birthplace: Ind
MOTHER
14. Maiden name: Marie W. Peckover
15. Birthplace: Ind
16. Informant: Dorthy Alice Overholser
Address: Springfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 24, 1940 (month) (day) (year)
Cemetery or crematory: St Georges Cemetery
Location: Glendale Md
18. Funeral director: F Gasch's Sons
Address: Bladensburg Md
19. Dec 23 1940 (Date rec'd by registrar) W. L. Trott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 22 1940, at 11 30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death: asphyxia
Due to: Epilepsy
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: same

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: James I. Boyd M. D. or other
Address: Forestville Md Date signed 12-23-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V.S.

VS A15 (T) (1) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12921

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs - 10 mos. - 3 days

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 2 yrs - 10 mos. 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State D.C. County

City or town Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 3100 Conn. Ave. N.W. (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Albert H. Parker

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Agnes Parker

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 23, 1887

8. AGE: Years 52 | Months 11 | Days 10 | If less than one day ..... hrs. ..... min.

9. Birthplace: England (Town, county, and state)

10. Usual occupation: Retired Officer of

11. Industry or business: The British Army

FATHER
12. Name: William Parker
13. Birthplace: England

MOTHER
14. Maiden name: Unknown
15. Birthplace: England

16. Informant: Deceased

Address: 3100 Conn. Ave. N.W. Wash. D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec. 4, 1940 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: The S. S. Hines Co.

Address: 2901 14th St. N.W.

19. Dec. 4 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 4, 1940, at 12 55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31, 1938, to Dec. 4 1940 and that I last saw him alive on Dec. 4, 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium, Glenn Dale, Md. Date signed

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

12922

Reg. Diat. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Pro Geo Co.
City or town: (WITHIN CORPORATE LIMITS) Hyattsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 48 oakwood Rd
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pro Geo. Co.
City or town: Hyattsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 48 oakwood rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Herman P Faff

3. (b) Social Security Number: 159-18-7214

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Lottie P Faff
6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Sept 22, 1865

8. AGE: Years	Months	Days	If less than one day
75	2	22	— hrs. — mtn.

9. Birthplace: Phila Pa
(Town, county, and state)
10. Usual occupation: Leather worker
11. Industry or business: J.H. Sitz & sons "Pa"
FATHER 12. Name: Charles P Faff
13. Birthplace: Germany
MOTHER 14. Maiden name: Rosa winters
15. Birthplace: Germany
16. Informant: Lottie P Faff
Address: Hyattsville Md 17
17. Transportation (Burial, cremation, or removal, Which?) Date thereof: Dec 17, 1940 (month) (day) (year)
Cemetery or crematory: Northwood Cemetery
Location: Philadelphia Pennsylvania
18. Funeral director: F Gaschi sons
Address: Hyattsville Md
19. Dec. 16 1940 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 14 1940, at 7:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 1939, to Dec. 14 1940, and that I last saw h— alive on or Dec. 13 1940.

Immediate cause of death	DURATION
Melanotic Sarcoma with Metastasis - to Cervical Glands - Lungs - Abdomen	
Due to Recurrence of Tumor on Back of Neck	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: C. C Sitz M.D.
M. D. or other
Address: Hyattsville, Md. Date signed 12-14-40

DEC 26 1940
BUREAU

12923

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Landover, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: River Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Landover Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. River Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ELIJAH PORTER

3. (b) Social Security Number None

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Martha Porter

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1859

8. AGE: Years 81 Months 3 Days 6 If less than one day hrs. min.

9. Birthplace Carroll County, Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name Charles Porter
13. Birthplace Md.

MOTHER
14. Maiden name unknown
15. Birthplace

16. Informant George H. Frohlich
Address Landover, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-26-40 (month) (day) (year)

Cemetery or crematory Glenwood

Location Washington D.C.

18. Funeral director W. W. Chambers Co.
Address Riverdale, Md.

19. Dec 24, 1940 (Date rec'd by registrar) 19 M J Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1939, to Dec. 23 1940, and that I last saw him alive on Dec. 22 1940.

Immediate cause of death Cerebral Thrombosis Cardio Vascular Disease

DURATION 3 wo days 5 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. I. Eppard M. D. or other

Address 601 Mining Ave. N.E. Date signed 12.23.40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-P)

12924

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 mos. 26 days.

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 8 mos. 26 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1705 - Bay St. S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Katherine C. Schaefer

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Edward J. Schaefer

6.(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1903

8. AGE: Years 37 | Months 2 | Days 27 | If less than one day ..... hrs. ..... min.

9. Birthplace Danville, Pa.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Wilson
13. Birthplace Danville, Pa.

MOTHER
14. Maiden name Ann Kase
15. Birthplace Danville, Pa.

16. Informant Deceased

Address 1705 - Bay St. S.E. Wash. D.C.

17. Removal
(Burial, cremation, or removal, Which?)

Date thereof Dec. 26 1940
(month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

16. Funeral director James T. Ryan Inc.

Address 317 Pa. Ave. S.E.

19. Dec 26th 1940
(Date rec'd by registrar)

Leo V. Schneider M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1940 at 5 20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1940, to Dec. 26 1940 and that I last saw her alive on Dec. 26, 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1 yr. 6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other

Address Glenn Dale Sanatorium Date signed 12/26/40
Glenn Dale, Md.

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)

CERTIFICATE OF DEATH

12925

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Cheltenham, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 61 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince Georges

City or town Cheltenham Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances Aurora Selby

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Edwin J. Selby

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 - 1859

8. AGE: Years	Months	Days	If less than one day
81	2 mo	0	hrs. min.

9. Birthplace Annapolis, Md (Town, county, and state)

10. Usual occupation Home for Past 20 yrs Previous Housekeeper

11. Industry or business

FATHER 12. Name John Thomas Payne

FATHER 13. Birthplace Hughesville, Md

MOTHER 14. Maiden name Mary Ann Butler

MOTHER 15. Birthplace Hughesville, Md

16. Informant Frank H. Selby

Address Cheltenham, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-29-40 (month) (day) (year)

Cemetery or crematory Church of the Atonement

Location Cheltenham, Md.

18. Funeral director Ritchie Brothers

Address Upper Marlboro, Md.

19. Dec. 28 1940 (Date rec'd by registrar) F. H. Billingsley Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when I arrived 19

and that I last saw h alive on 19

Immediate cause of death ~~Heart Attack~~

Due to Mitral Insufficiency 3 yrs

Due to Arteriosclerosis 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John E. Powers M. D. or other

Address Brandywine Md Date signed

RECEIVED
JAN 7 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

CERTIFICATE OF DEATH

12926

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince Georges

City or town Meadows

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Meadows Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arenzo Louis Simms

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

8 (b) Name of husband or wife Harriett Simms

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) July 4, 1855

8. AGE: Years 85 Months 5 Days 14 If less than one day ___ hrs. ___ min.

8. Birthplace Poplar Hill, Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business State Road

FATHER 12. Name John Simms

13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Wright

15. Birthplace Maryland

16. Informant Harriett Simms

Address Meadows

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 22 1940 (month) (day) (year)

Cemetery or crematory St. Luke

Location Meadows, Md

18. Funeral director J. B. Johnson

Address Annapolis

19. Dec 21 1940 (Date rec'd by registrar) Lewis Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1940, at 6 30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Uremia

Due to Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Cate of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 12-19-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

12927

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
County: Pr. Georges
City or town: Rural T.B.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Pr. Georges
City or town: Rural T.B.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME James Skinner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Married

6.(b) Name of husband or wife: Ida Skinner
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 15 - 1869

8. AGE: Years	Months	Days	If less than one day
71	0	4	..... hrs. ..... min.

9. Birthplace: Charles. Co. (Town, county, and stete)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: James Skinner
13. Birthplace: unknown

MOTHER
14. Maiden name: Kitty Jones
15. Birthplace: unknown

16. Informant: Daniel Skinner (Brother)
Address: Brandywine, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-21-40 (month) (day) (year)
Cemetery or crematory: John Wesley
Location: Aquasco Md

18. Funeral director: Smith & Ryan
Address: Waldorf Md

19. Dec 19 (Date rec'd by registrar) 19 40 F. H. Billingsley Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 19 1940 at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1940 to Dec 19 1940
and that I last saw him alive on Dec 19 1940

Immediate cause of death: Bronchial Asthma	DURATION
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Thos Lynch M. D. or other
Address: Waldorf Md Date signed: Dec 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

12928

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH:

County Prince George

City or town Clinton, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince George

City or town Clinton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. — (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR —

3. (a) FULL NAME Fannie Stewart

3. (b) Social Security Number —

4. Sex: Fen

5. Color or race: negro

6. (a) Single, married, widowed, or divorced: Widowed

8 (b) Name of husband or wife: William Stewart (Deceased 1928)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years "75" Months Days If less than one day ____ hrs. ____ min.

9. Birthplace "Camp Roe" Maryland. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Retired

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden name unknown

15. Birthplace

16. Informant William E Jackson

Address Clinton, Md (grandson)

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 29 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Brewers

Location Annapolis Md.

18. Funeral director Warren Dyarkery

Address 8424 Tacoma Silver Spring Md.

19. 12/26/40 19 (Date rec'd by registrar) Harvey E Pyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 1940, to Dec 25 1940, and that I last saw her alive on Dec 24 1940.

Immediate cause of death: Cerebral Hemorrhage with Left Side Paralysis

Due to General Arteriosclerosis.

Due to —

Other conditions Rt lower leg has been removed Cause unknown (Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

DURATION: 20 days; 3½ years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Saml C Van Natta M. D. ~~or other~~

Address Bennings D.C. R#1 Date signed Dec 25 1940.

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JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

12929

Reg. Dist. No. 238

1. PLACE OF DEATH:

County Prince George's

City or town Allentown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Allentown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Agnes Stone

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Thomas J. Stone

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11, 1867

8. AGE: Years	Months	Days	If less than one day
73	4	3	hrs. min.

9. Birthplace Charles County, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name Walter Marr

13. Birthplace Maryland

MOTHER 14. Maiden name Virginia Nelson

15. Birthplace Maryland

16. Informant Anna Pilkerton

Address Allentown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 17-1940 (month) (day) (year)

Cemetery or crematory St Ignatius

Location Oxon Hill Maryland

18. Funeral director Thomas F. Murray

Address 2007 - Nichols ave SE

19. 12/16 1940 (Date rec'd by registrar) Harvey E. Pyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1940, at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930, to Dec. 14 1940, and that I last saw her alive on December 14 1940.

Immediate cause of death Uremia

DURATION

Due to Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James F. Boyd M. D. or other

Address Forestville, Md. Date signed 11/14/40

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-B)

12930

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
County Prince George's
City or town Brandywine Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:

Stay in hospital or inst. (yrs., or mos., or days) 7
Stay in this community (yrs., or mos., or days) 83 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Brandywine Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Samuel Henson Tayman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret V. Tayman
6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 22 - 1857

8. AGE: Years 83 | Months 5 | Days 6 | If less than one day: hrs. min.

9. Birthplace Brandywine Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Henry Tayman
13. Birthplace Pr. Geo's Co Md

MOTHER
14. Maiden name Matilda Garlock
15. Birthplace Pr. Geo's Co

16. Informant Margaret V. Tayman
Address Brandywine Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 (month) 31 (day) 40 (year)
Cemetery or crematory Piscataway Md.
Location St Mary's Catholic Cemetery

18. Funeral director Hunt & Ryon
Address Waldorf, Md

19. Dec 28 1940 (Date rec'd by registrar) F. H. Billingsley Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 27 1940, to Dec 28 1940 and that I last saw him alive on Dec 27 1940

Immediate cause of death
Arterio-Sclerosis — DURATION
Acute Dilatation of Heart (Cardiac) — 6 years
Due to Mitral regurgitation

Due to

Other conditions Bronchitis — 7 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE John E. Bowers, M.D.
M. D. or other
Address Brandywine Md Date signed Dec 29/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

12931

Reg. Dist. No. 232

1. PLACE OF DEATH:
County Prince Georges
City or town Del Point Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Del Point Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Nellie Thomas

3. (b) Social Security Number

4. Sex	5. Color or race	b.(a) Single, married, widowed, or divorced
Female	Colored	married

6.(b) Name of husband or wife Garfield Thomas
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 14, 1901

8. AGE: Years	Months	Days	If less than one day
39	10	8	hrs. min.

9. Birthplace Prince Georges Co. Md (Town, county and state)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name Richard Pumphrey
13. Birthplace Maryland

MOTHER
14. Maiden name Bertha Dean
15. Birthplace Maryland

16. Informant Garfield Thomas
Address Del Point Heights Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-27-40 (month) (day) (year)
Cemetery or crematory Colored Methodist
Location Upper Marlboro, Md.
18. Funeral director Peters Bros.
Address Upper Marlboro, Md.

19. Dec 27 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Hemorrhage	
Shock	
Due to: Gunshot wound	
Left Leg	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide Date of 12-22-40
Where did injury occur Del Point Heights (City or town) Pr Geo (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Gunshot Injured at work? No

23. SIGNATURE James H Boyd M.D., or other
Address Forestville Md Date signed 12-22-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12932

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mos, 12 days

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 9 mos 12 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: DC County:

City or town: Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 510 M. ST. N W (If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Samuel Thompson

3.(b) Social Security Number: 243-07-8969

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: Single

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 17, 1906

8. AGE: Years 34 | Months 3 | Days 25 | If less than one day ..... hrs. ..... min.

9. Birthplace: Heath Springs, S.C. (Town, county, and state)

10. Usual occupation: Cleaning + pressing

11. Industry or business:

FATHER
12. Name: Richard Thompson
13. Birthplace: S.C.

MOTHER
14. Maiden name: Mamie Shields
15. Birthplace: S.C.

16. Informant: Deceased

Address: 510 M. ST. N. W. Wash DC

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec 17, 1940 (month) (day) (year)

Cemetery or crematory: D.C. Morgue

Location: Washington D.C.

18. Funeral director: —

Address: —

19. December 17 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 12th 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feby 28th 1940, to Dec 12th 1940 and that I last saw him alive on Dec 12th 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 9 mos

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed

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JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151-a)

12933

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince George

City or town Glendale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Glendale Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Erhembel Frasers

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Margie C Frasers

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1857

8. AGE:

Years	Months	Days	If less than one day
83	7	11	hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Real Estate

FATHER

12. Name Elias Frasers

13. Birthplace Holland

MOTHER

14. Maiden name Mary

15. Birthplace Georgetown D.C.

16. Informant Lola Frasers

Address Glendale

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 11 (month) (day) (year)

Cemetery or crematory Ivy Hill

Location Laurel Md

18. Funeral director The D C Athletic Co Inc

Address Laurel Md

19. Dec 11 1940 (Date rec'd by registrar) Cora E Wachter Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 19 40, at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h alive on ____ 19__.

Immediate cause of death	DURATION
Uremia	
Due to Cardio vascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H Cook M. D. or other

Address Forestville Md Date signed 12-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

12934

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Rural – Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 days.

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1322 Montague Street N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: William Wagner

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6.(b) Name of husband or wife:

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 13, 1875

8. AGE: Years	Months	Days	If less than one day
65	10	2	..... hrs. ..... min.

9. Birthplace: Wheeling, W. Va.
(Town, county, and state)

10. Usual occupation: Clerk – Retired

11. Industry or business: Post Office

FATHER
12. Name: Allen K. Wagner
13. Birthplace: Morgantown, W. Va.

MOTHER
14. Maiden name: Lucy B. Mason
15. Birthplace: Wheeling, W. Va.

16. Informant: William Wagner

Address:

17. Removal
(Burial, cremation, or removal. Which?)

Date thereof: Dec. 16, 1940
(month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Chas. S. Zurhorst

Address: 301 East Capitol St. S.E.

19. Dec 16 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 15, 1940, at 5:02 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 26, 1940, to Dec. 15 1940 and that I last saw him alive on Dec. 15, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results: Tuberculous pneumonia.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Daniel Leo Pinucane M.D.
M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed 12/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

12935

Reg. Dist. No. 230

1. PLACE OF DEATH:
County Prince Georges
City or town Berwyn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Berwyn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Silas Edward Walker

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Emma Wilson Walker
6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) December 25, 1847

8. AGE:

Years	Months	Days	If less than one day
92	11	19	——— hrs. ——— min.

9. Birthplace Bladensburg, Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name John Walker
13. Birthplace Unknown

MOTHER
14. Maiden name Rebecca ———
15. Birthplace Unknown

16. Informant Mrs Eugenia Griffiths
Address Berwyn, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 17, 1940
(month) (day) (year)
Cemetery or crematory Evergreen Cemetery
Location Bladensburg Md

18. Funeral director I Gaskill Sons
Address Hyattsville Md

19. Dec 16th 1940
(Date rec'd by registrar)
John D Smith
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 12 1940, to December 15 1940, and that I last saw him alive on December 15 1940.

	DURATION
Immediate cause of death Infirmities of Age	5 years
Due to	
Due to	
Other conditions Arteriosclerosis	several days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE Wm Allen Griffiths, M. D. or other
Address Berwyn, Md Date signed 12/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-b)

CERTIFICATE OF DEATH

12936

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince George
City or town: Glenarden
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Landover RD 1
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 14 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Glenarden Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Landover RD 1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Weldon

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Mary Alice White
6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Jan. 22, 1878

8. AGE:

Years	Months	Days	If less than one day
62	10	21	/ hrs. / min.

9. Birthplace: Woodmore Prince Geo. Co. Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: General

FATHER
12. Name: John Weldon
13. Birthplace: Prince Geo. Co. Md.

MOTHER
14. Maiden name: Arminta Jackson
15. Birthplace: Prince Geo. Co., Md.

16. Informant: Daniel Weldon
Address: Landover, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 17, 1940 (month) (day) (year)
Cemetery or crematory: Bowie Catholic Cemetery
Location: Bowie Md
18. Funeral director: F Gaede sons
Address: Hyattsville Md

19. Dec. 16 1940 (Date rec'd by registrar) Mrs. John W. Howser D. L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 13 1940, at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15 1940, to Dec 13 1940, and that I last saw h- alive on Dec. 13 1940.

Immediate cause of death: Mitral Insufficiency — DURATION: 9 mo
Due to: Rheumatic fever — 9 mo
Due to: Hypertension — unk.
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. C. Beldon M.D.
M. D. or other
Address: Fairmount Hgts. Md. Date signed 12-13-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

12937

Reg. Diat. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George
City or town Forestville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Pennsylvania County
City or town Philadelphia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1918 Montgomery Lane.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice White

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 74 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Charwoman

11. Industry or business

FATHER 12. Name William H Parker

13. Birthplace Upper Marlboro

MOTHER 14. Maiden name Eliza Vales

15. Birthplace Virginia

16. Informant Charles Morse

Address Forestville Md

17. Burial Date thereof Dec 26, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Lukes Cemetery

Location Upper Marlboro, Md

18. Funeral director Donaldson & Davis

Address Rockville Md

19 12-21-40 (Date rec'd by registrar) Thos D Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1940 to Dec 21 1940, and that I last saw her alive on Dec 18 1940.

Immediate cause of death	DURATION
Congestive heart failure	
Due to Cardio vascular renal disease	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harried I. Boyd M. D. or other

Address Forestville md Date signed 12-21-40

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12938

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
County: Prince Georgis
City or town: Tuxedo
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Bryan St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Tuxedo County: Prince Georgis
City or town: Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sadie L. Whitehouse

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife: George H. Whitehouse
6-3-1871 6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): June 3, 1871

8. AGE: Years	Months	Days	If less than one day
69	6	21	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER — 12. Name: A. J. Keller
13. Birthplace: Penna.
MOTHER — 14. Maiden name: Eliz. A. Garrett
15. Birthplace: Penna.
16. Informant: George Whitehouse (Son)
Address: Tuxedo, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof 12-27-40 (month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Washington, D.C.
18. Funeral director: W.W. Deal
Address: 4812 Georgia Ave. Washington D.C.
19. Dec 24 1940 (Date rec'd by registrar) M. D. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 24 1940, at 5A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 22 1940 to Dec 23 1940
and that I last saw h er alive on Dec 23 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: 2 days
Due to: Arteriosclerotic Heart Disease
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Lawrence W Malin MD
M. D. or other
Address: Riverdale Md Date signed 12-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

(M)

(S)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (S)

12939

Reg. Dist. No. 243

1. PLACE OF DEATH:

County W George

City or town Bowie Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County W George

City or town Bowie Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME no None Still Born

3. (b) Social Security Number —

4. Sex Male

5. Color or race Colo

6. (a) Single, married, widowed, or divorced ~~Married~~ Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15 - 1940

8. AGE: Years | Months | Days | If less than one day

Still Born hrs. min.

9. Birthplace Bowie Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Charles Williams

13. Birthplace Bowie Md

MOTHER

14. Maiden name Carrie Williams

15. Birthplace Md

16. Informant Carrie Williams

Address Bowie Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 17 (month) 5 (day) 1940 (year)

Cemetery or crematory Pallesfield

Location On M Flading Farm

18. Funeral director M. Flading Sons

Address Bowie Md

19. 17/5 (Date rec'd by registrar) 19 W L Trott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still Born 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death No Physician in attendance

Due to Council Not Pay Cost of Physician

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W L Trott Register M. D. or other

Address Bowie Md Date signed 17/5/40

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12940

CERTIFICATE OF DEATH

Reg. Dist. No. 733

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Croom
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Croom Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rosa E. Layman Wilson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife John T. Wilson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 5 - 1860

8. AGE:

Years	Months	Days	If less than one day
80	3	23	hrs. min.

9. Birthplace Croom, Md.
(Town, county, and state)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name Jedrick Layman
13. Birthplace Croom, Md.

MOTHER
14. Maiden name Elizabeth Agle
15. Birthplace Croom, Md.

16. Informant Miss Mary Wilson
Address Croom, Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Jan. 3-41
(month) (day) (year)
Cemetery or crematory Mt. Carmel
Location Upper Marlboro, Md.
18. Funeral director Tolson Brothers
Address Upper Marlboro, Md.

19. Dec 30 1940 James E. Taylor
(Date rec'd by registrar) Registrar
Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1940, at 3:00 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Sept. 1 1940, to Dec 30 1940, and that I last saw h[illegible] alive on Dec 30 1940

Immediate cause of death	DURATION
Congestive Heart Failure	4 mos
Due to Myocarditis	2 yrs
Due to Arteriosclerosis	6 yrs
Other conditions Secondary Anemia	1 yr
Cystitis	6 mos

(Include pregnancy within 8 months of death)

Major findings:
Dt operations none
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? none
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE James E. Tarleton
M. D. or other
Address Upper Marlboro, Md. Date signed 12/30/40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12941

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale - Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 4 mos. 18 days

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 1 yr. 4 mos. 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1305 - P St. N.W.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Paul Eugene Yeager

3.(b) Social Security Number: 579-03-3862

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: none

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 29, 1906

8. AGE:

Years	Months	Days	If less than one day
34	5	13	hrs. min.

9. Birthplace: Cadiz, Ohio (Town, county, and state)

10. Usual occupation: Painter

11. Industry or business:

FATHER — 12. Name: George J Yeager

FATHER — 13. Birthplace: Akron, Ohio

MOTHER — 14. Maiden name: Agnes Kohar

MOTHER — 15. Birthplace: Orrville, Ohio

16. Informant: Deceased

Address: 1305 P St. N.W. Wash. D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 12, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Jos. F. Birch & Sons

Address: 3034 - M Street, N.W.

19. Dec 12th 1940 Leo V. Schneider M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 12, 1940, at 8:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1939, to Dec 12 1940 and that I last saw h... alive on Dec. 12 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr. 10 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed:

Glenn Dale, Md.

RECEIVED
JAN 3 1941
BUREAU V. S.